



HEALTH PROFILE: PAKISTAN

HIV/AIDS

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| Estimated number of adults and children living with HIV/AIDS (end 2003) | 74,000 (low–high estimate 24,000–150,000) |
| Adult HIV Prevalence (end 2003) (Low estimate–high estimate) | 0.1% (0.0–0.2%) |
| Total population (2004) | 157.315 million |
| Estimated AIDS deaths (2003) | 4,900 |
| HIV-I seroprevalence in urban areas Population most at risk (i.e., sex workers and clients, patients seeking treatment for a sexually transmitted infection, or others with known risk factors) | 0.5% |
| Population least at risk (i.e., pregnant women, blood donors, or others with no known risk factors) | 0.0% |

Source: UNAIDS, U.S. Census Bureau

Thus far, Pakistan's extremely low HIV/AIDS prevalence remains confined mainly to people engaged in high-risk behavior. Heterosexual contact is the most common means of transmission, followed by infection from tainted blood products, contaminated drug paraphernalia (needles/syringes), male-to-male sexual relations, and mother-to-child transmission. The first Pakistani citizen with HIV/AIDS was reported in 1987. Until the mid-1990s, most subsequent cases occurred among men infected while living or traveling abroad. By 1999, about three-fourths of reported HIV infections occurred among migrant workers returning from the Arab Gulf states. After that, HIV and AIDS began to appear among Pakistani commercial sex workers, injecting drug users (IDUs), and prison inmates.

Despite Pakistan's current low prevalence, several socioeconomic conditions conducive to the spread of HIV exist within the country, including poverty and low levels of education and literacy. Other factors increasing HIV risk include high unemployment, which leads to increased exposure to the disease via migration to higher-prevalence countries, and social stigma and taboos that marginalize those most in need of health services, distancing them from support systems that could help prevent the spread of HIV. The risk of transmission to the general population is compounded by the low status of women, which inhibits their ability to negotiate safe sex with their partners, and the associated restrictions on their mobility, which minimize their access to health and support services. A general lack of knowledge of HIV and general reproductive health issues among men and women, a weak health infrastructure, and a lack of epidemiological data that prevents proper assessment of disease status add further risk of HIV transmission.

Most-at-risk populations in the country include sex workers, men who have sex with men (MSM), IDUs, and migrant workers. Promotion of condoms within the sex industry could have a major preventive impact. Male-to-male sex is high, and according to surveillance in Lahore among commercial sex clients, 40% of male sex workers are under age 22. Safe sex practice among this population is very low, and 2–4% are IDUs, a population on the rise in Pakistan. Despite this high level of risk, MSM and IDUs receive very limited prevention services. The high rate of population growth and accelerating unemployment in the country are creating another high-risk population in the country—migrant workers. There is also a high prevalence of internal migration. With constrictive living conditions, low HIV awareness, and a high rate of illiteracy and drug use, migrants and their families are increasingly vulnerable to HIV transmission.

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NATIONAL RESPONSE

In 1988, shortly after the first diagnoses of HIV/AIDS in the country, the Ministry of Health of the Government of Pakistan established the National AIDS Control Programme (NACP), based at Pakistan's National Institute of Health. The National AIDS Control Strategy focuses mainly on HIV prevention based on a multisectoral response and focused on capacity development, expansion and decentralization of services, surveillance and research on youth and most-at-risk populations, blood and blood product safety, management and control of sexually transmitted infections (STIs), and anti-discrimination advocacy. Efforts conform to strategies and interventions identified through a broad, consultative planning process designed to meet nine goals:

1. Ensure an effective, well-coordinated, and sustainable multisectoral response
2. Reduce infection risk among most-at-risk populations
3. Reduce youth vulnerability to HIV/AIDS
4. Expand knowledge base to improve planning, implementation, and evaluation
5. Reduce prevalence and prevent transmission of STIs to reduce HIV transmission
6. Reduce risk of infection among general public through increased awareness
7. Reduce risk of HIV transmission through blood transfusion
8. Prevent HIV transmission in formal and non-formal health care settings via enhanced knowledge of and compliance with universal precautions
9. Improve quality of life of those who are HIV-positive by providing higher-quality care and support (including medical, social, and sometimes material needs), and ensuring a secure environment for everyone infected and affected by HIV/AIDS

With initial emphasis on developing laboratory services and surveillance, the program later focused on restructuring and streamlining health service management to strengthen the quality and delivery of federal- and provincial-level services. NACP also conducts extensive public awareness campaigns; disseminates awareness-raising materials via electronic and other media; organizes workshops and other educational events; develops country-specific guidance for national skill-building in counseling, care and support, clinical management, surveillance, and blood safety; and oversees bio-social research, including knowledge, attitude, and behavior surveys, to measure intervention impact. Improvement of national blood services is another priority, in response to relatively high prevalence of hepatitis B and C among Pakistan's general population, suggesting unsafe blood transfusion practices and poor infection control. Achievements thus far include the development of awareness strategies to improve blood safety, the establishment of provincial implementation units for safe blood use, and surveillance and diagnosis centers for better disease control.

USAID SUPPORT

The United States Agency for International Development (USAID) returned to Pakistan in July 2002. Initial activities following the re-opening of the Mission Office included support of Pakistan's health sector reform to improve the coverage,

responsiveness, quality, and efficiency of reproductive health services. In Fiscal Year 2003, USAID provided funding for technical assistance and training, as well as limited commodity support, to help expand provision of family planning and reproductive health products and services to rural areas to help reach under- or unserved populations, in line with a new five-year health sector strategy designed by the United Kingdom Department for International Development (DFID). Increasing public–private partnerships, decentralizing management of public sector health services, and reforming health sector policies continue to be key factors in achieving planned results. USAID continues to work closely with DFID to achieve these objectives by providing technical assistance and training at the provincial and district levels to complement the federal-level health sector reforms. USAID support aims to improve access to and quality of health services, as well as rural-area governments' ability to plan, budget for, and disburse resources to improve surveillance and awareness among youth.

Social marketing

The largest component of USAID's health program in Pakistan is the social marketing, which uses commercial business and marketing strategies to change people's behavior and improve their health. USAID supports Greenstar Social Marketing/Pakistan and The Futures Group International to offer women a wider range of choices in health care, better information, and more accessible service facilities. The program focuses on both rural and urban areas, ensuring that reproductive health products and services are economically viable and accessible to the poor. It also encourages multiple commercial manufacturers to enter the market to improve the quality of the products and to help ensure the sustainability of the system. In 2004, 500 new franchisees were added to the health care service delivery system, including 100 in rural areas and 400 in urban areas. In 2005, USAID has earmarked \$12.4 million to: help expand these health services; strengthen health resource management and decision-making at the district and provincial levels; improve the quality and scope of health service delivery, especially to vulnerable populations in underserved areas; and build more public–private partnerships to increase the sustainability of the system.

Public–private partnerships

More than 70% of Pakistanis seek health care from the private sector. Therefore, the government, the private sector, and organizations such as Greenstar Social Marketing need to work collaboratively in order to improve service delivery. In 2004, USAID's implementing partner, Family Health International (FHI), met with Punjab and Sindh provincial government stakeholders to increase coordination of HIV-prevention efforts within the community. FHI was also invited to join a mission to review HIV status among IDUs and to recommend immediate and long-term interventions.

Policy reform

Working with its partners, USAID helps formulate policies for better planning, implementation, and monitoring of local health programs; and supports the establishment of policies and procedures within the new administrative and political environment to improve management of provincial and district health programs.

Behavior-change communication

With FHI, USAID supports the NACP in the promotion of HIV/AIDS awareness and healthy behaviors through information, education, and communication programs on the risk factors for HIV. USAID funds HIV/AIDS control interventions managed by FHI. In 2004, activities were initiated in three cities to support local nongovernmental organizations in the development of youth awareness programs. Activities thus far include workshops for implementing agencies on behavior-change communication—along with project design, monitoring and evaluation, management of focused interventions, and budget—and the development and production of a behavior change communication field kit for use by outreach workers and project staff. In its work with seven Pakistani nongovernmental organizations in three large urban areas, FHI has educated 30,000 young people on risk factors and prevention strategies regarding HIV infection.

Capacity building

Poor availability and quality of epidemiological data often prevent proper assessment of HIV in Pakistan. Along with stronger infrastructure, improvement in this area requires stronger human resource capacity. USAID funds capacity

building by FHI under the Implementing AIDS Prevention and Control (IMPACT) Project. The program works with partner organizations to build local capacity and to support youth who engage in high-risk behavior; to provide people living with HIV/AIDS with appropriate care; and to strengthen the NACP's capacity to collect and disseminate high-quality data to improve HIV monitoring, prevention, and care. In 2004, USAID supported two capacity-building workshops—one on qualitative monitoring and quality assurance for implementing partners, including design by nongovernmental organizations of monitoring and quality assurance tools; and one on management of focused interventions for USAID implementing agencies to increase knowledge on HIV-prevention programs in other Muslim countries. Through USAID support:

- More than 60 female doctors and health care workers participated in a training program on pre- and postnatal care, coordinated by Greenstar Social Marketing.
- One participant from Pakistan's AIDS Control Program attended a behavioral surveillance workshop.
- Three government staff participated in the 2004 International AIDS Conference in Bangkok.
- Implementing agency staff observed and learned from HIV/AIDS disease prevention and treatment interventions in Bangladesh and Indonesia.
- A national consultative meeting was conducted on empowering people living with HIV/AIDS, spearheaded by FHI and implemented with UNAIDS and the NACP.

IMPORTANT LINKS AND CONTACTS

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Websites: http://www.usaid.gov/pk/program_sectors/health/projects/awareness_raising.shtml

http://www.usaid.gov/locations/asia_near_east/countries/pakistan/pakistan.html

USAID HIV/AIDS Website for Pakistan: http://www.usaid.gov/our_work/global_health/aids/Countries/ane/pakistan.html

Prepared for USAID by Social & Scientific Systems, Inc.,

For more information, see http://www.usaid.gov/our_work/global_health/aids